

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-021790

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 209

FILED JUL 9 1962

1. PLACE OF DEATH

a. COUNTY

Adair

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Kirksville, Mo.

Length of stay in 1b

3 days

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION Grim-Smith Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY Adair

c. CITY

OR TOWN Brashear, Mo.

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

Rfd # 2

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)First Middle Last
Lee Willie Laudwig

4. DATE OF DEATH

Month Day Year
7-2-1962

5. SEX

Male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9-11-1897

9. AGE (last birthday)

64

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)

farmer

10b. KIND OF BUSINESS OR INDUSTRY

farmer

11. BIRTHPLACE (City and state or country)

Schuyler Co. Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Charles Laudwig

13b. MOTHER'S MAIDEN NAME

Austina Kutchner

14. NAME OF HUSBAND OR WIFE

Maude(Brawner) Laudwig

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No no

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Maude Laudwig

Address

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Right Heart Failure

INTERVAL BETWEEN ONSET AND DEATH

30 minutes

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Cor Pulmonale

One week

DUE TO (c) Severe Pulmonary Emphysema + Fibrosis

UNKNOWN

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June 30, 1962 to July 3, 1962 and last saw him alive on July 3, 1962
Death occurred at 6:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Edward M. Grim, M.D.

22b. ADDRESS

Kirksville Mo.

22c. DATE SIGNED

7-3-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

7-4-1962

23c. NAME OF CEMETERY OR CREMATORY

Bullion Cemetery

23d. LOCATION (City, town, or county)

Adair Co. Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Dee Riley Funeral Home, 415 N. Franklin,
Kirksville, Mo. W.R. Jackson

July 4, 1962

Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

10017

20010

3

4 0

5 1

6

7 0

8 2

9527.1

10

11

12 1-0

13 1-0

Permit received July 4, 1962

Edward M. Grim, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Larry Jackson

Licensed Embalmer No. 5158

P. O. Address Kirkville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.